State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILE NUMBER	
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TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMA	TION		
Full name of committee (as on Statement of Organization) Check if this is a new name		D (8 18) 100 R 620 8 10 2	A DOLLAR TOWN, MODULED AS
Friends of Dan DegNAN		And the second second second	
2. Acronym or abbreviated name, if any		telephone number	Elector Board Ito numbe
N/A	1317	1706-8563	
4. Mailing address (address where all campaign finance correspondence is received) Check	t if this is a ne	w address	
	6. Party affilia	tion (if applicable)	THE THE STATE OF THE STATE OF
Carmel, IN 46032	Kep	thear	hathraday neilsenolai
CANDIDATE INFORMATION (For Candida	THE RESERVE OF THE PARTY OF THE		
7. Full name of candidate (include any nickname)	8. Party affilial	tion or if independent	
Vaniel Van Vegnan	Ker	attran	of Organization (Point Ges
	10. County of	AND AND RESIDENCE TO SERVICE AND ADDRESS.	
Westfield Town Council - At Lange	Han	ilton	
TYPE OF REPORT			ON CANDIDATES ONLY
11. Check one:	n enonqu	Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, and 2	0 must be "0"	The second of the second of	
U Outgoing Treasurer (within 10 days amend Statement of Organization)		Post-Convent	The same of the sa
12. Reporting period: From: Tencary 1, 2002 Through: April 12,	2002	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	-		rear to Date
14. Cash on hand and investments at the beginning of this reporting period.		-G-	
CONTRIBUTIONS AND RECEIPTS	des const		- 0-
(Note: these amounts include in-kind contributions and loans, as well as cash contributions	tions \		
15a. Itemized (use Schedule A)	10113.7	2664.41	7.694
15b. Unitemized	100 010 000	27500	2750
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	2939.41	7939.41
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	2939.41	2939.41
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)	nilla kara	10 0 1 1 1 1	10.11141
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	oni na nica	19644	19644
17b. Unitemized	A "Jniibiti	-0-	-0
17c. Add lines 17a and 17b in both columns	SUBTOTAL	19647	1964"
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both column	s) TOTAL	97500	975=
19. Debts OWED BY the committee (use Schedule D)	elebbro	-0-	
20. Debts OWED TO the committee (use Schedule E)	ontaid period	-0=	
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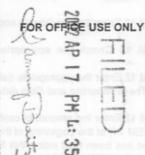
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I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

Signature on File

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)





State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

(Enter total on ITEM 15a of the Summary Sheet)

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topostic add dollar (brides) politicas) excitations was in (F):		riuge in aspirle		
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14701 Shade while DE Connel, IN 46032, Contributor's Occupation (If required) Pharmacost	Other Receipts:	supation of any other contribu-	N: Enter the or emation (or : When onter	DAN
Dan + Michelle Degun	Contributions: ☐ Direct ☐ In-Kind (describe) ☐ Box	7000	700	2/3/02
Cornel, FN 4603 Z Contributor's Occupation (if required) Phanacist	Other Receipts: Interest I Loan Misc (specify)	E YEAR-TO	VITALIUMU	DAN DegNA
Dan+ Michelle Deswar	Contributions: Direct In-Kind (describe)	37400	3400	4/5/02
Care / [N 46032 Contributor's Occupation (if required) Pharmac 1 5/	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	money older, is an early in the ear	od the check of a received wh AY: Enter II	Dan
Dan + Michelle Degran	Contributions: Direct Infixind (describe)	HUITERS SE	G000	4/5/02
Correl [M 4603 Z Contributor's Occupation (Il required) Phanacist	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	161	767	Dan
Som + Michelle Degaran 1701 Sheder Cakes D. F. Cornel IN 4637 Phomacost	Contributions: Direct Info (describe) Contributions: Info (describe) Contributions: Contr	7736	7736	4/5/be Dan's
SUB TOTAL TOTAL OF ALL PAGES OF SCHEDULE		s/964 41		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVE RECEIVED BY
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Westfield, IN 46074-050	Other Receipts:	700-	200°	Dan
2	Contributions:	Ince as don	tabivers to	4/960
RBeaucharp Antiques 16405 West Lield Blod Rel West Field, EN 46074	Other Receipts:	500	500-	DAN
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Sheet	Other Receipts: Interest □Loan Misc (specify)	enter this figu	alA .A suberts	o no sugno us s
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SUB TOTAL TOTAL OF ALL PAGES OF SCHEDULE		\$760 \$7664 ⁴¹		



State Form 4606 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
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addition rando to al-evolución Datá-si enbulbal, autobates exembas	Other Receipts: Interest □Loan Misc (specify)	W. GARV S	men manage	towns in the control
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersing and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	CONTRIBUTOR'S NAME			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, If regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

(CFA-4 SCHEDULE B) Itemized Expenditures

	FILE NU	MBER	A DATE OF	1
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code D USPS 19520 Varion Rd Weskfield, IN 40074	Post office	Direct @in-Kind Payment of Debt Returned Contribution Other Purpose:	37400	37400	4/5/02
USPS MBZODENTOUN Rd Westfield DN 46024	Post-Office	Direct	7000	70°°	7/3/02
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Ustes Certificated Posson 188 Fernolale, NY 1934	Shaping	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ Purpose:	7736	7735	4/5/62
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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Page	of	MAGRI: Enter

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

		PUBLIC QUESTION INFORMATION			
Enter Text of Public Question	the que of the		grant a ma		benimined in the b
Type of Question: ☐ Statewide ☐ Loc Position: ☐ Supported ☐ Opposed	al	public question is statewide or local committee supports or opposes appr	g whether the	e bex indicatin a bex indicatin	sshqarqqs se talsgarqqs or
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any (street, number, city, state, ZIP code)		DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDIN BALANCE TH PERIOD
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(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

State Form 4606 (R9 / 11-99)	A Darks 199
Indiana Election Commission	(IC 3-9-5-14)
Approved by State Board of A	ccounts 1999

A LONG TO LAND	

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, ZIP code)	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	
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